

**UNIFORM REQUEST FOR QUOTES  
SPO PRICE LIST 20-07  
NASPO VALUEPOINT COPIERS & MANAGED PRINT SERVICES**

**SECTION 1 - AGENCY TO COMPLETE:**

DATE:

AUTHORIZED DEALERS INVITED TO SUBMIT QUOTES:

☐ Canon   ☐ HP   ☐ Konica   ☐ Lexmark   ☐ Ricoh   ☐ Sharp   ☐ Toshiba   ☐ Xerox

GOVERNMENT AGENCY CONTACT INFORMATION:

Department:

Division/Agency:

Contact Person:

Phone:

Fax:

Email:

Address:

**BILLING ADDRESS**

☐ Same as Contact Information

Department:

Division/Agency:

Phone:

Fax:

Address:

**DELIVERY ADDRESS**

☐ Same as Contact Information

Department:

Division/Agency:

Phone:

Fax:

Address:

Group:

Term:

Financial Vehicle:

☐ Additional Pages Attached

Segment Number:

☐ Managed Print Services Attached

**QUOTE DUE DATE:**

Submit Quote via:

☐ Email

☐ Fax

☐ US Postal

**SECTION 2 – DEALER TO COMPLETE:**

**DEALER CONTACT INFORMATION:**

Company Name:			
Company Representative:			Title:
Phone:	Fax:	Email:	
Address:			

PRODUCT QUOTE:\$	(contract price; include item list price & contracted discount percent for total term)
+Accessories	\$
+GET	\$
= TOTAL QUOTE \$	(Include details and breakdown of quotes in Additional Information and/or Additional Page Attached)

**ADDITIONAL INFORMATION:**

☐ Additional Pages Attached

Quote shall remain firm for \_\_\_\_\_ days

All quotes shall be signed and dated by an authorized individual of the company.

Signature:	Date:
Printed Name:	Printed Title:

**SECTION 3 – STATE ACCEPTANCE, if any:**

By signing below, the Department/Division/Agency stated in Section 1 above has selected the dealer stated in Section 2 above to provide services under SPO PL Contract No. 20-07.

Signature:	Date:
Printed Name	Printed Title: